



TEXAS DEPARTMENT OF HEALTH
MILK AND DAIRY PRODUCTS DIVISION

GRADE "A" PERMIT APPLICATION

Region: _____

County: _____

Permit #: _____

BTU: _____

Return this completed application to THE TEXAS DEPARTMENT OF HEALTH, MILK AND DAIRY PRODUCTS DIVISION, 1100 WEST 49TH STREET, AUSTIN, TEXAS 78756-3182. This permit is renewable on September 1 with an annual permit fee as specified below.

FAILURE TO PROVIDE ALL INFORMATION REQUIRED BY LAW WILL DELAY PERMITTING

<p>1. Application for a License to operate as a:</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> REACTIVATE</p> <p><input type="checkbox"/> PRODUCER DAIRY <input type="checkbox"/> RETAIL RAW DAIRY <input type="checkbox"/> TRANSFER/ RECEIVING STATION</p> <p><input type="checkbox"/> Amended Permit - <input type="checkbox"/> Change of Name Previous Name: _____ Effective Date: _____</p> <p><input type="checkbox"/> Change of Location Effective Date: _____</p>	<p>_____</p> <p>WELL OR NAME OF PUBLIC WATER SYSTEM</p> <p>_____</p>						
<p>2. Complete in Full:</p> <p>Name of Dairy to be Permitted: _____</p> <p>Co-op: _____</p> <p>Location Address : _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"><div>Address</div><div>City</div><div>County</div><div>State</div><div>Zip Code</div></div></p> <p>Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"><div>Mailing Address</div><div>City</div><div>State</div><div>Zip Code</div></div></p> <p>Full Name of Owner(s): _____</p> <p>Telephone Number (Include area code): (_____) _____</p>							
<p>3. Schedule of Fees: <u>DO NOT enclose payment. You will be billed at a later date.</u></p> <table style="width: 100%; border: none;"><tr><td style="width: 60%;">Producer Dairy</td><td>\$50.00 per year</td></tr><tr><td>Receiving Station/Transfer Station ..</td><td>\$200.00 per year</td></tr><tr><td>Retail Raw Dairy</td><td>\$200.00 per year</td></tr></table>		Producer Dairy	\$50.00 per year	Receiving Station/Transfer Station ..	\$200.00 per year	Retail Raw Dairy	\$200.00 per year
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Retail Raw Dairy	\$200.00 per year						

VERIFI CATION: I swear or affirm that the above statements are true and correct. I further certify by signature hereon, that I am not currently delinquent in the payment of any corporation franchise taxes owed the state of Texas under chapter 171, tax code; nor am I delinquent in the payment of any child support owed under chapter 232, family code. I further certify that I have read & understood the applicable provisions and requirements of Chapter 435, Texas Health and Safety Code, and the rules and regulations as promulgated by the Board of Health of the State of Texas.

ANIMAL HEALTH AGREEMENT: Texas Animal Health Commission; Veterinary Services, Animal and Plant Health Service, USDA; Division of Milk and Dairy Products, Texas Department of Health. These three named Agencies are responsible for control and eradication of brucellosis, tuberculosis and other animal diseases as is required by Chapter 435, Texas Health and Safety Code and other State and Federal requirements. I agree to help and cooperate with my herd of cattle or goats in the Agencies' programs.

CHECK TITLE

Signature of owner, partner, etc.
(cannot be manager)

☐ Owner

☐ Partner

☐ President

☐ Corp. Designee - copy of resolution must accompany application

Date

Printed Name